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Bib Data Sheet

CONFIRMATION NO. 4857

SERIAL NUMBER 10/767,261	FILING OR 371(c) DATE 01/30/2004 RULE	CLASS 345	GROUP ART UNIT 2629	ATTORNEY DOCKET NO. 04329.3234
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APPLICANTS

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**** CONTINUING DATA** ***** *NONE* *m.s.*

**** FOREIGN APPLICATIONS** ***** *YES* *m.s.*
 JAPAN 2003-024854 01/31/2003

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 06/14/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Monica S. S. m.s.</i> Examiner's Signature Initials				

ADDRESS

22852

TITLE

Information processing apparatus and method of displaying operation window

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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